



# 1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

**FI-6597**

Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. PHYSICAL LOCATION**

**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1  Yes 2  No – Report physical location below

Number and street		
City, town, village, etc.	State	ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1  Yes  
2  No  
3  No legal boundaries  
4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other – Specify \_\_\_\_\_  
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

\_\_\_\_\_

**Item 2. KIND OF BUSINESS OR ACTIVITY**

**What was this establishment's PRINCIPAL kind of business or activity in 1997?**

Mark (X) only ONE box.

- |   |                                   |
|---|-----------------------------------|
| <b>Rental and/or leasing</b>  | 070                               |
| Video tapes and disks . . . . .   | <input type="checkbox"/> 784100 0 |
| General rental center (wide range of items and equipment) . . . . .     | <input type="checkbox"/> 735906 0 |
| Consumer electronics and appliances . . . . .                           | <input type="checkbox"/> 735905 2 |
| Party supplies . . . . .  | <input type="checkbox"/> 735907 8 |
| Furniture, residential . . . . .  | <input type="checkbox"/> 735907 8 |
| Home health furniture and equipment . . . . .                           | <input type="checkbox"/> 735202 4 |
| Other consumer goods — Describe . . . . .                               | <input type="checkbox"/>          |
| <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |                                   |
| Computers and computer peripheral equipment . . . . .                   | <input type="checkbox"/> 737700 5 |
| Office machines, except computers . . . . .                             | <input type="checkbox"/> 735903 7 |
| Office furniture . . . . .  | <input type="checkbox"/> 735903 7 |

ITEM 2 CONTINUED ON PAGE 2

**Item 2. KIND OF BUSINESS OR ACTIVITY – Continued**

**Rental and/or leasing – Continued**

- 070  
Medical machinery and equipment . . . . .  735201 6
- Oil and gas field equipment . . . . .  735902 9
- Heavy construction and earthmoving  
equipment **with** operators . . . . .  735320 4
- Heavy construction and earthmoving  
equipment **without** operators . . . . .  735310 5
- Industrial equipment, except oil/gas field  
and heavy construction/earthmoving  
equipment. . . . .  735904 5
- Airplanes without pilots, noncharter . . . . .  735901 1

**Other kind of business or activity —**

Describe . . . . .

**REMARKS –** Please use this space for any explanations that may be essential in understanding your reported data.

**Item 3. MERCHANDISE SALES**

**Did the sales of merchandise, EXCLUDING equipment which was previously rented or leased by this establishment, account for MORE THAN HALF of the total receipts of this establishment in 1997?**

987 1  Yes — Describe merchandise sold

2  No

**Item 4. CERTIFICATION –** This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – *Print or type*

Title

Telephone	Area code	Number	Extension
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Signature of authorized person	Date
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